

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 142

Primary Registration District No. 4231

Registrar's No. 38

STATE FILE NUMBER
63-032096

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 16 1963

1. PLACE OF DEATH

a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mountain View

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Howell

c. CITY OR TOWN Mountain View

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Maudie Middle R Last Green

4. DATE OF DEATH
Month August Day 26 Year 1963

5. SEX
F

6. COLOR OR RACE
W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
11/29/94

9. AGE (last birthday) 68
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Hutton Valley, Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John H. Willbanks

13b. MOTHER'S MAIDEN NAME

Ida B. Wyzared

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Arthur Webb West Plains, Mo. Rt. 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Primary carcinoma of sigmoid colon

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 21 to Aug 26 and last saw her alive on Aug 26
Death occurred at Aug 26th, 1963 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
M.C. Walton M.D.

22b. ADDRESS
Mountain View, Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
8/28/63

23c. NAME OF CEMETERY OR CREMATORY
Chapel Hill Cem.

23d. LOCATION (City, town, or county) (State)
Mtn. View, Missouri

24. FUNERAL DIRECTOR ADDRESS
Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG.
9-9-1963

26. REGISTRAR'S SIGNATURE
Charles D. Cartain

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
0460
0460
3
1
3
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9/53.3
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2
3-0
134-0

To Doctor 4: P.M. 8/26/63
Rec'd from Dr. 10A.M. 9/7/63
To Local Reg. 10: A.M. 9/7/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles D. Partain

Licensed Embalmer No.

5107

P. O. Address

MTn. View, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.